

of the blood and the ductless glands. Under general diseases of nutrition are included rachitis, scorbutus, marasmus and diabetes, and the authors also describe the condition of congenital or prenatal rachitis. One should mention also the sections on diseases of the myelopoietic system, diseases of the genital organs and bladder, diseases of the nervous system, congenital malformations and deformities, the commoner surgical diseases, diseases of the ear and eye and diseases of the skin.

A. G. M.

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THE present number of *Medical Clinics of North America* is composed of contributions from the Jefferson and University of Pennsylvania Medical Schools. The number opens with a short discussion by Dr. Deaver on chronic appendicitis. The next six articles are from the Jefferson Hospital staff, and they are all extremely interesting and valuable contributions to clinical medicine. Dr. McCrae discusses most thoroughly the question of low blood-pressure, and emphasizes the fact that it is an extremely important symptom which should not be disregarded because we are accustomed to think that a cause must be found and treatment is necessary, only if the pressure is high. Dr. Beardsley contributes a well-written article on chronic valvular heart disease and a very stimulating and scholarly essay on "Ethics, Ideals and Efficiency in the Practice of Medicine." The remaining articles are written by the members of the staff of the University Medical School. Dr. Stengel writes on the treatment of valvular heart disease before failure of compensation. Dr. Riesman discusses edema of the lungs; Dr. Landis, meningitis; Dr. George Norris considers syphilitic aortitis from its various standpoints. Dr. Musser describes three cases: one of aneurysm, one of pericarditis, lastly one of aplastic anemia. Dr. Sailer contributes an article on mumps, which is particularly valuable on account of the opportunity that he has had of studying a very large number of these cases during an epidemic in one of the cantonments. Dr. Goodman writes on heart murmurs and Dr. Pepper on jaundice as an early symptom of heart disease, while Dr. Hopkins discusses the treatment of jaundice. Dr. Farr describes painless gastric crises and Dr. Doane details the work he has performed in the Philadelphia Hospital in the treatment of drug inebriety.

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PROGRESS
OF
MEDICAL SCIENCE
—
MEDICINE

UNDER THE CHARGE OF

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The Nature, Prevention and Treatment of Heat Hyperpyrexia: the Clinical Aspect.—WILCOX (*British Med. Jour.*, 1920, p. 392) has recorded his observations of the influence of heat on troops in Mesopotamia during the summers of 1916, 1917 and 1918. In the region of the Persian gulf, heat-stroke is more frequent than in India, although the temperature is about the same. With temperature of 110° F. in the shade heat-stroke makes its appearance, and with every degree above this the number of cases increases. If the humidity is low the incidence of heat-stroke is less than in damp regions at the same temperature. Thus in Bagdad, where the humidity is low, the case mortality was 8.4 per cent. in 1917 and 5.4 per cent. in 1918, while in India the mortality (case) was 10 per cent. in 1918 and 8.1 per cent. in 1917. Heat-stroke occurs much more frequently and is more severe in men past forty years of age. The incidence was also greater among the British than among natives. During the hot days the water intake reached 9 to 13 liters per day per man, and unless this amount was obtainable heat symptoms appeared. The cause of heat symptoms is referred to intoxication due to the influence of heat on the organism. Acidosis plays no role. The pathologic findings were: Edema of brain and cloudy swelling of liver, kidneys and myoendrium. There are four types of disease produced by heat. (1) Heat exhaustion with weakness, fainting, tachycardia, slight fever or at times subnormal temperature; the mortality is small. (2) Gastric Type: with suffused face, irritability, nausea and vomiting. Temperature and pulse are often normal. The